



Unannounced Care Inspection Report 4 June 2018



Kingsway Nursing Home

Type of Service: Nursing Home (NH)

Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP

Tel No: 028 9060 9930

Inspectors: Lyn Buckley and Kieran Murray

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 69 persons.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Celine Mitchell | Registered Manager: Mrs Karen Agnew |
| Person in charge at the time of inspection: Registered Nurse M Poudel | Date manager registered: 13 April 2018 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. | Number of registered places: 69 |

4.0 Inspection summary

An unannounced inspection took place on 4 June 2018 from 10:00 to 17:30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Kingsway Nursing Home were below the minimum standard expected. A decision was taken to hold a serious concerns meeting in relation to fire safety practices and the home's management and governance arrangements. This meeting took place at RQIA on 7 June 2018.

During the serious concerns meeting the registered manager and responsible individual acknowledged the failings identified during the inspection and accepted responsibility for them. The registered persons were able to provide a full account of the actions and arrangements put in place to ensure the improvements necessary to achieve compliance with the required regulations. RQIA were satisfied with the assurances provided and a decision was made that no further enforcement action was required at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Evidence of good practice was found in relation to staff induction and training; record keeping, communication between patients, staff and other key stakeholders, the management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to fire safety, staffing, availability of records for inspection, infection prevention and control practices; and the security and confidentiality of patient records and information.

The majority of patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | *5 | 1 |

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Amanda Mitchell, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As stated previously, as a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Kingsway Nursing Home were below the minimum standard expected. A decision was taken to hold a serious concerns meeting in relation to fire safety practices and the home's management and governance arrangements. This meeting took place at RQIA on 7 June 2018.

During the serious concerns meeting the registered manager and responsible individual acknowledged the failings identified during the inspection and accepted responsibility for them. The registered persons were able to provide a full account of the actions and arrangements put in place to ensure the improvements necessary to achieve compliance with the required regulations. RQIA were satisfied with the assurances provided and a decision was made that no further enforcement action was required at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection dated 7 March 2018

The most recent inspection of the home was an announced premises inspection undertaken on 7 March 2018. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 11 patients, 10 staff and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer at the visitors' sign in book.

The following records were examined during the inspection:

- duty rota for all staff 28 May to 10 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- four patient care charts including reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January to 31 May 2018.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 March 2018

The most recent inspection of the home was an unannounced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 11 December 2018

| Areas for improvement from the last care inspection | | Validation of compliance |
|--|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p> | <p>The registered person shall ensure that fire safety measures are in place and appropriately managed/monitored to ensure compliance with the home's fire risk assessment and fire regulations.</p> <p>Action taken as confirmed during the inspection: We observed two fire doors to be wedged or propped open, the laundry fire door to be left open while the laundry was unattended and the door had not been fitted with a self closure or hold open device linked to the fire system; and the presence of a wooden wedge observed adjacent to a fire door was very concerning. Refer to section 6.4 for further details</p> <p>As stated previously the registered persons were required to attend a serious concerns meeting in RQIA on 7 June 2018 in relation to this area for improvement.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | <p>Not met</p> |

| | | |
|---|--|--|
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p> | <p>The registered person shall ensure that patients' care charts are maintained accurately/contemporaneously; in accordance with the patient's care plan and risk assessments.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of four patients care charts evidenced that this area for improvement has been met.</p> | <p>Met</p> |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by:</p> | <p>The registered person shall ensure that skin checks are evidenced and recorded when patients are repositioned.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of four patients' care charts evidenced that this area for improvement has been met.</p> | <p>Met</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p> | <p>The registered person shall ensure that patient' care records, which includes care plans and risk assessments, are kept under regular review to ensure they accurately reflect the needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of five patients' care records evidenced that this area for improvement has been met.</p> | <p>Met</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p> | <p>The registered person shall ensure that the duty rotas accurately reflect the number of staff on duty and the capacity in which they are working and that the nurse in charge of the home, in the absence of the manager, is clearly identified on the duty rota.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the nursing and care staff duty rotas from 28 May to 10 June 2018 evidenced that this area for improvement has been met.</p> | <p>Met</p> |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge and the responsible individual confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 28 May to 10 June evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. We observed that a high number of nurse call bells were sounding between 10:30 and 12:00 hours. It was confirmed, by the responsible individual, that the nurse call system was undergoing testing. We were therefore unable to determine accurate nurse call response times. This will be reviewed during subsequent care inspection.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No responses were received before the issuing of this report.

The majority of patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Kingsway Nursing Home. Two patients spoken with raised concerns regarding the staffing levels in the home and the impact they felt this had on their care. One described waiting for the bathroom for up to one hour and that staff stated, "you will have to wait I am on my own." Details were discussed with the responsible person during feedback. While RQIA were satisfied that the concerns raised by patients had or were being addressed it was not acceptable that any patient would be waiting for up to one hour to use the bathroom; nor for staff to excuse their delay in responding by stating they were 'on their own'. An area for improvement under regulation was made.

We also sought the opinion of patients on staffing via questionnaires. Nine patients returned the questionnaires. Four indicated that they were satisfied or very satisfied with staffing levels. However, five patients indicated that they were either unsatisfied or very unsatisfied with staffing levels. There were no comments recorded in relation to staffing levels.

We spoke with five relatives during the inspection. Comments were positive in relation to the care delivered to their loved ones and staff attitude. One relative raised concerns with us regarding the management of their relative's medications and did not feel reassured by how this had been managed by nursing staff. We provided advice and the relative felt reassured by this. Overall this relative said that they felt their loved one had received good care. Details were discussed with the responsible individual during feedback. We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned before the issuing of this report. The relative indicated that they were satisfied with staffing and that their loved one's care was safe. No additional comments were recorded.

As stated previously, observation of the delivery of care, during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, we had requested two staff recruitment files but the second file was not available for inspection. An area for improvement under regulation was made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Induction records were held in the nursing office until they were completed.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. An overview of the delivery and compliance levels for mandatory training was maintained. This enabled management to ensure all staff completed mandatory training. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussions confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. In addition, review of the complaints record and the report of the quality monitoring report for April 2018 identified two events that based on the information, had not been notified to RQIA. The responsible individual agreed to investigate and provide RQIA with additional information. Following receipt of the additional information by email on 5 June 2018 RQIA were satisfied that we had been notified, but confusion arose as this had been notified under the incorrect notification category/type. Details were discussed during the meeting in RQIA on 7 June 2018.

Discussion with the responsible individual and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. Accident/incidents analysis information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home is undergoing major refurbishment which should have phase one completed before the end of June 2018. RQIA received an application to vary the registration of the home in April 2017, in accordance with legislation, and we have been kept informed of progress. Areas of the home in use were found to be warm, well decorated, fresh smelling and clean. Patients, representatives and staff spoken with were complimentary in respect of the home's environment but all were looking forward to the building work finishing for the summer.

As stated previously in section 4.0 and 6.2 we identified serious concerns regarding fire safety and the registered persons were required to attend a serious concerns meeting in RQIA on 7 June 2018. The concerns identified in relation to fire safety practices, during this inspection, were as follows:

- the laundry door was open and the laundry unattended, further observations evidenced that the laundry door had not been fitted with a self closure or a hold open device linked to the fire system.
- a box of patient records was holding open a lounge door. Further investigation evidenced that this door did have a magnetic door hold open device linked to the fire system fitted but it had not been deployed
- the door closure for one bedroom was sounding its alarm and was held open with cardboard
- a wooden wedge was observed on a window ledge adjacent to the staircase fire door on the first floor. While the wedge was not holding the door open its presence indicated that the door had or could be wedged open.

During the serious concerns meeting RQIA were provided with assurances that all areas of concern identified by inspectors had been addressed. A hold open device linked to the fire system had been fitted to the laundry door on 4 June 2018; the bedroom door closure was fitted with a new battery and the wedge removed. In addition a staff meeting and relatives meeting had been held and details of the inspection findings and fire safety regulations discussed. Relatives were asked to be vigilant in reporting any concerns they may have when they visited the home. Nursing home staff and external contractors, working in the home, were required to confirm, they understood their responsibilities and would adhere to fire safety regulations. However, as stated in section 6.2 this area for improvement, under regulation, stated previously in December 2017 has been stated for a second time. We will undertake a further inspection to validate sustained compliance with this area for improvement.

Review of the home's environment also identified concerns regarding infection prevention and control (IPC) practices as follows:

- three staff were observed wearing stoned jewellery
- one patient had two urinals on the chest of drawers adjacent to their bed
- sharp boxes did not have the temporary closure deployed
- patient equipment, such as wheelchairs and zimmer walking frames, was stored in bathrooms where there was a toilet
- one bath had clean towels and flannels stored in it
- two bathrooms each had a drawer stored behind the door
- a new commode which was in use still had the cardboard delivery covers on the legs
- one wash hand basin in a bathroom confirmed in writing as having been cleaned that morning had obvious 'scum' stains in the bowl

- a standard fan in one of the ground floor dining rooms was very dusty and required cleaning
- dispensers for aprons and gloves throughout the home required to be re stocked
- at the commencement of the inspection the cleaning record for one bathroom had been signed for the morning and afternoon clean.

The details of the inspection findings were discussed with the responsible individual during feedback and form part of the discussion during the serious concerns meeting in RQIA on 7 June 2018. We were provided with assurances during this meeting that the IPC concerns identified had been addressed. However, an area for improvement under the regulations was made.

In addition, to the IPC concerns we observed general clutter and untidiness throughout the nursing home. For example, the desk in the entrance foyer was cluttered with various items belonging to the home and to the external contactors. This was discussed with the responsible individual and by the afternoon this area was observed to have been tidied up. Other examples included the untidy storage of small oxygen cylinders in the new ground floor treatment room which had the potential to cause a trip hazard; plastic drinking cups for the water coolers, stored along handrails and on radiators adjacent to the water cooler rather than in the cup dispenser and personal items belonging to staff stored in the nurses stations rather than in the staff room. Details were discussed with the responsible individual during feedback and assurances were provided during the meeting in RQIA on 7 June 2018 that the untidiness observed had been addressed and would be monitored more robustly by the registered manager.

Two medicine trolleys were observed in the ground floor dining room. Both trolleys were locked but not secured to the wall. While we acknowledged the ongoing refurbishment works, the two medicine trolleys were not stored securely in accordance with best practice guidance. There was a potential risk in relation to unauthorised removal of the medicine trolleys. This was discussed with the responsible individual and an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and training.

Areas for improvement

The following areas were identified for improvement in relation to staffing levels and response to calls for assistance, availability of records for inspection and infection prevention and control.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 3 | 1 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, falls, infections, pressure area care, wound care and the management of bedrails. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Care charts such as food and fluid intake records and repositioning charts evidenced that contemporaneous records of the care delivered were maintained. There was evidence that care plans had been reviewed regularly and when changes in patients' health and well-being occurred. Care plans were also updated if recommendations from healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with relatives and/or representatives within the care records reviewed.

Patients and relatives spoken with were aware of whom to speak to if they had a concern. Comments made to inspectors are detailed in section 6.4. and 6.6. A relatives meeting was advertised throughout the home for Wednesday 6 June 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff spoken with demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information and patient confidentiality. However, we observed patient records left unsecured and unattended in the nurses offices/stations and on desks; and one patient had their personal preferences written on a whiteboard, situated in the ground floor nurses office, which could be read by anyone passing the office. This was concerning given that the codes of professional standard of practice and behaviour for nurses and the standards of conduct for care assistants are specific in relation to protecting patients' rights to privacy which includes the confidentiality and security of patient information and records. During the meeting in RQIA on 7 June 2018 the registered persons provided assurances that these concerns regarding patient privacy, confidentiality and security had been addressed. However, an area for improvement under regulations has been made.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

'How kind staff had been to... when [their loved one had died]; they acknowledged the friendship and support received.'

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that all but two patients said that living in Kingsway Nursing Home was a positive experience. As detailed previously in section 6.4; details of comments made by the two patients, particularly in relation to staffing levels, were discussed with the responsible individual during feedback and an area for improvement under regulation was made.

We also issued ten patient questionnaires and nine were returned within the timescale. Comments regarding staffing levels under the domain – is care safe? were commented on in section 6.4. Patient indicated on the questionnaires that they were either satisfied or very satisfied that their care was effective, compassionate and that the service was well led. Additional comments recorded included;

“Can’t wait until the builders are finished.”
 “A lot of the staff are good....”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; one was returned within the timescale. The relative indicated that they were satisfied or very satisfied with the care provided across the four domains. No additional comments were recorded. As stated previously we also spoke with two relatives during the inspection. All commented positively regarding the care their loved ones received.

Staff were asked to complete an on line survey, we had no responses before issuing this report. We also spoke with 10 staff during the inspection. Staff stated they enjoyed working in the home, that there was good team work and communications, that training was provided and support was available when it was needed from the team and from management.

Comments from staff regarding staffing levels, care delivery and training are detailed throughout this report.

Any comments from patients, patient representatives and staff in returned questionnaires or from the online survey, received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the knowledge of staff regarding patients’ wishes and preferences listening to and valuing patients and their representatives.

Areas for improvement

An area for improvement was identified in relation to the security and confidentiality of patient information.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective engagement with them and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the responsible individual and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records; and an overview of the use of restrictive practices such as bedrails was maintained. In addition, a monthly unannounced visit was undertaken on behalf of the registered provider and records of these visits were available in the home. We reviewed the report for the visit completed on 23 April 2018. However, given the inspection findings and the concerns identified we were not assured of the robustness of the audits or visits undertaken. As a result of this inspection the registered persons were required to attend a serious concerns meeting in RQIA on 7 June 2018.

During the serious concerns meeting we discussed the inspection findings and the concerns identified in relation to fire safety practices and the day to day operational control and governance arrangements. The registered manager and responsible individual acknowledged the failings identified during the inspection and accepted responsibility for them. The registered persons were able to provide a full account of the actions and arrangements put in place to ensure the improvements necessary to achieve compliance with the required regulations. RQIA were satisfied with the assurances provided and a decision was made that no further enforcement action was required at this time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection within this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Amanda Mitchell, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required.</p> | <p>The registered person shall ensure that fire safety measures are in place and appropriately managed/monitored to ensure compliance with the home's fire risk assessment and fire regulations.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A detailed action plan was submitted to RQIA at the serious concerns meeting . This detailed the action taken to address staff training , communication of the issue to the contractors on site responsible for the fire wedge, The nurses in charge have been shown how to change the batteries in the Doorguard Hold Open devices . These devices will be changed over the next 6 months to hold open devices linked directly to the fire panel . Residents and relatives have been advised not to prop open doors with paper wedges in meetings . Monitoring of compliance is recorded daily in the nurses handover sheets and in the managers daily checklist .</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure that the daily staffing levels and skill mix meet the assessed needs of each patient in a timely manner.</p> <p>The registered person must address the issue of staff excusing delayed care delivery.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision of staff and agenda point at meetings to highlight the issue raised . Rhys Hearn dependencies are completed every Friday , the rostered direct care hours continue to exceed the hours required as per the dependency tool .</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) and (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p> | <p>The registered person shall ensure that recruitment and other records referred to in Regulation 19 (1) and (2) are, at all times available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The identified personnel file had been locked in the managers own desk pedestal as she had been meeting with the employee. On the day of the inspection the manager was on annual leave and no one had access to the pedestal. A full personnel audit has been completed by the administrator and head of HR and all personnel files are in place and available for inspection . The manager has taken on board the comment made and will return all files to central storage when she has finished with them</p> |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: An infection control audit was completed and an action plan developed . This action plan is currently being worked through and compliance is monitored daily by the home manager and evidenced on the home managers daily checklist</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p> | <p>The registered person shall ensure that all patient information about their health, well being and personal choices is maintained securely in accordance with the patients' right to privacy and confidentiality, regulations and professional codes/standards of practice.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A new nurse office has been built for the top floor of the home providing an area which is locked when not in use . All records are retained within the lockable nurses offices . Staff are completing GDPR training and monitoring of security of residents personal; details is ongoing. Relatives have been requested to report to the manager if they observe any records etc in plain site so that this may be addressed with the staff .</p> |
| <p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p> | <p>The registered person shall ensure that medications are securely stored at all times. In particular medicine trolley should be secured to the wall when not in use.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New securing tethers have been installed in both dining rooms to ensure that the medicine trolley remains secured when not in the treatment rooms</p> |

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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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